Patients Can Now Take Advantage of Their First New Set of Protections

- New private insurance plans must offer free preventive services without charging a deductible or co-pay.
- Insurance companies can no longer deny coverage to a customer because of a paperwork error or unintentional mistake
- Consumers now have two ways to appeal insurance company's coverage decisions or claims: through their insurer or through an independent decision-maker.
- Insurance companies can no longer set lifetime limits on key benefits, such as hospital stays.
- Insurance company's ability to set annual dollar limits on coverage for individual and group plans are restricted.
- Insurance companies can no longer deny coverage for children with pre-existing conditions.

January 1, 2011

- Free Preventive Care for Seniors
- Medicare starts covering annual wellness visits and offering free preventive services including mammograms and colonoscopies.
- President Obama at a Town Hall for Seniors

January 1, 2011 Health Care Innovations

The new Innovation Center was established to research, develop, test, and expand innovative new ways to improve the quality and reduce the cost of care. Innovations that are found to work could then be rapidly expanded and applied more broadly and these benefits will spill over to the private sector.

September 1, 2011 Lowering Costs for American Consumers

Now health insurers seeking to increase their rates by 10 percent or more must submit their request to state or federal reviewers to determine whether they are reasonable or not. These reviews will bring greater transparency, accountability, and may lower costs for families and small business owners who struggle to afford coverage. Learn More

Rate Review: Cutting Costs for Consumers and Small Businesses – Chapter One



Nancy-Ann DeParle October 13, 2011 09:35 AM EDT Share This Post

Today, consumers got some good news when a big insurance company – Blue Shield of California – announced it will be returning \$295 million to consumers and the community by the end of the year. This announcement will provide some much needed relief to families who have seen their premiums increase in recent years. And it's the fourth positive announcement we've heard this week alone about health insurance premiums.

Before the Affordable Care Act became law, many insurance companies could raise your premiums without any transparency or accountability. If you wanted to know why your rates were going up, they were under no obligation to tell you.

Thanks to the Affordable Care Act, that's all changing. Starting September 1, 2011, in every State and for the first time ever, insurance companies are required to publicly justify their actions if they want to raise rates by 10 percent or more. The Affordable Care Act also included \$250 million to help States strengthen their rate review procedures so they can successfully fight high premium hikes and help keep costs under control.

December 14, 2011 The Results Are In

Since the new law came into effect in September 2010, 2.5 million more Americans under the age of 26 have received coverage by registering under their parents' health insurance plans.

January 1, 2012 Savings for Small Business Owners

For the third year, a tax credit is refunding small business owners like Mike Novak, a Montana grocery store owner, up to 35 percent of the premiums they pay for their workers. So far, more than 2 million workers have received coverage because of this benefit.

Small Business Health Care Tax Credit

Health reform legislation signed by President Obama includes a Small Business Health Care Tax Credit to help small businesses afford the cost of covering their workers. See how the Small Business Health Care Tax Credit might affect four hypothetical small businesses.

Key Facts about the Small Business Health Care Tax Credit

- The tax credit, which is effective immediately, can cover up to 35 percent of the premiums a small business pays to cover its workers. In 2014, the rate will increase to 50 percent.
- The Congressional Budget Office estimates that the tax credit will save small businesses \$40 billion by 2019.
- Both small for-profit businesses and small not-for-profit organizations are eligible.

Key Elements

- Available Immediately. The credit is effective January 1, 2010. As a result, small businesses that provide health care for their workers will receive immediate help with their premium costs, and additional firms that initiate coverage this year will get a tax cut as well.
- **Broad Eligibility.** The Council of Economic Advisors estimates that 4 million small businesses are eligible for the credit if they provide health care to their workers. Qualifying firms must have less than the equivalent of 25 full-time workers (e.g., a firm with fewer than 50 half-time workers would be eligible), pay average annual wages below \$50,000, and cover at least 50 percent of the cost of health care coverage for their workers.
- **Substantial Benefit.** The credit is worth up to 35 percent of a small business's premium costs in 2010. On January 1, 2014, this rate increases to 50 percent.
- Non-Profits Eligible. Tax-exempt organizations are eligible for a 25 percent tax credit in 2010. In 2014, this rate increases to 35 percent. (The credit rates are lower for non-profits to ensure that the value of the credit is approximately equal to that provided to for-profit firms that cannot claim a tax deduction for the amount of the credit claimed.)
- **Gradual Phase-Outs.** The credit phases out gradually for firms with average wages between \$25,000 and \$50,000 and for firms with the equivalent of between 10 and 25 full-time workers.
- **Premium Cost Eligibility.** To avoid an incentive to choose a high-cost plan, an employer's eligible contribution is limited to the average cost of health insurance in that state.

August 1, 2012 New Savings for Women

Additional preventive care services for women—including well woman visits and contraception—are covered with no cost sharing for new health plans. Many preventive services, including mammograms, screenings for cervical cancer, and other services, already are covered in new plans.

Learn how preventetive care helps combat breast cancer

February 28, 2012

Protecting Taxpayer's Money

The Affordable Care Act includes new tools to fight fraud, strengthen Medicare and protect taxpayer dollars. When federal authorities announced they'd busted a Texas scheme that bilked Medicare of \$375 million, cumulative savings since the law's signing hit \$10.7 billion.

Watch President Obama explain the need to crack down on fraud in the health care system

July, 2012 New Standards Will Deliver More Patient Care

President Obama promised that health reform means that Americans will get a better bang for their health care dollars: consumers whose insurance company does not spend at least 80 percent of their premium dollars on medical care and quality improvements will begin receiving rebate checks.

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Making the insurance marketplace more transparent and holding insurance companies accountable is good for consumers. Accountability and transparency can help drive costs down and give you more information about your health insurance choices.

We've known for a long time that rate review works, but this week alone, we've received more news about how rate review is helping States fighting high premium hikes and saving money for consumers:

- In New Mexico, the State Insurance Superintendent rejected Blue Cross and Blue Shield's plan to raise rates by 9.9 percent.
- In New York, the State Superintendent of Financial Services is requiring insurers justification of high rate hikes to be made available to the public for the first time.
- In California, Kaiser Permanente is decreasing premiums for small businesses and providing credits to those who had paid higher rates. The premium credits will total \$13.7 million.

These are just three examples that we learned about this week. We expect to hear more stories like this in the future. And when we do, we'll post them here on the White House blog.

You can also visit HealthCare.gov to see if any insurers in your State have proposed an increase of 10 percent or more and why. And if you don't think the reason for the increase is justified, you can submit comments by emailing ratereview@hhs.gov.

January 1, 2013 Strengthening Quality Care for Patients

People with Medicaid and Medicare will continue to see improvements in access to and quality of care. States will have access to new funding to provide preventive services for people with Medicaid at no or low cost, and increase payments to primary care doctors serving Medicaid patients to Medicare levels. In addition, the Medicare program will launch a pilot program to bundle payments for doctors, providing incentives to deliver higher quality health care while lowering costs.

January 1, 2014 New Patient Protections are Fully Implemented

In 2014, a number of new patient protections go into effect. Insurance companies are banned from discriminating against anyone with a pre-existing condition, and from charging higher rates due to gender or health status. In addition to the ban on lifetime dollar limits, insurance companies can no longer impose annual dollar limits on health benefits.

January 1, 2014 More Americans Have Access to Coverage

In 2014, consumers who don't have coverage through work can use Affordable Insurance Exchanges, one-stop marketplaces where consumers can choose a private health insurance plan that fits their health needs and access the same kinds of insurance choices members of Congress will have. The new law also provides middle class tax credits to families to help pay for private health insurance. And it expands the Medicaid program to families of four with incomes of up to \$29,000.

The Core Principle

"We are a nation that faces its challenges and accepts its responsibilities. We are a nation that does what is hard. What is necessary. What is right. Here, in this country, we shape our own destiny. That is what we do. That is who we are. That is what makes us the United States of America. And we have now just enshrined, as soon as I sign this bill, the core principle that everybody should have some basic security when it comes to their health care."

— President Barack Obama, March 23, 2010